Introduction

Children's Medical Services (CMS) is using fiscal year 2002-2003 to transition from an annual individualized reporting format to a continuous quality improvement format to evaluate and improve the performance of both local CMS programs and the CMS Branch. The guiding principles used to complete this transition were the CMS Branch Mission and Vision Statements.

Mission:

Assuring the health of California's children.

Vision Statement:

Children's Medical Services is the leader in assuring the health of California's children through access to services for all children, in an environment committed to excellence, in partnership with families and communities, as supported by information and communication.

For Fiscal Year 2002-2003, a statewide workgroup assembled to review and revise the CMS Scope of Work and to incorporate performance measures in the context of our mission and vision statement. The five CMS Broad goals, used over the past several years as a way of providing focus for local programs, were condensed into four. The workgroup considered the former CMS goal 1 "Children will receive quality medical, dental, and support services across all provider settings" duplicated concepts in the other goal statements. **Four** goal statements will continue to provide the foundation for program components and activities that move local Child Health and Disability Prevention (CHDP), Health Care Program for Children in Foster Care (HCPCFC) and California Children's Services (CCS) programs toward meeting the CMS Mission and Vision Statement.

CMS Goals

Goal 1: Families, children, and providers will be assisted in how to use new and ongoing CMS program services, and access and navigate changing health care systems to assure effective, continuous care delivery.

Goal 2: Health and support services for children with special physical, emotional and social health needs will be addressed efficiently and effectively by qualified CMS providers, private and public offices and clinics, special care centers, regional centers, medical therapy programs and through home health agencies.

Goal 3: Clinical preventive services will be provided to children eligible for CMS programs.

Goal 4: CMS outreach activities will be conducted to assure that all eligible children and their families are informed of program services in a manner that is culturally and linguistically competent.

The day-to-day operations of the CHDP, HCPCFC and CCS programs have been outlined in Program Components with associated activities. These Program Components are the basic required activities that must be performed to meet federal and state requirements. The Program Components and activities are the CMS Branch Scope of Work. All of the required activities identified in the CMS Branch Scope of Work are to be conducted using the yearly allocation.

CMS Program Components (Scope of Work)

I. Program Planning and Administration

A. Develop CMS plans and updates reflective of CHDP, HCPCFC, and CCS programs according to guidelines distributed by the CMS Branch. Submit these plans according to the date specified in the Plan Guidelines. Review and update quarterly for their application locally.

1. CHDP, CCS, and HCPCFC staff meet a minimum of two times a year to develop a CMS plan, identify priorities, and evaluate resources for a multi-year scope of work.

    a. Identify and prioritize health department and community programs with whom CMS staff will meet, e.g., Tuberculosis, Immunizations, WIC, Dental, Maternal and Child Health, Public Health Nursing, Lead, Injury Prevention, HIV Program, Perinatal Services Program, Family Planning, Rural Health, Migrant and Indian Health, Mental Health, Head Start, Child Care Facilities, Regional Centers, Special Care Centers, Paneled Hospitals, and Providers.

    b. Identify and evaluate mutual activities and areas of implementation. Participate as CMS Administrators in arranging for the development of special services as necessary, e.g., orthodontic screening, Medical Therapy Conferences at the MTU, primary care, foster care resources, dental care.

    c. Identify and implement program activities to maintain services as necessary.

2. Meet at least once each year with the staff of other health department and community programs working on behalf of children to discuss goals and activities for/with these populations.

3. Collaborate with the CMS Branch on standards, guidelines, and policies through participation in statewide and regional meetings. Include reporting mechanism to local program so that State information flows back to the local level.

4. Evaluate program outcome data to plan more effective use of program resources.

B. Develop and monitor the CHDP, HCPCFC, and CCS yearly budgets and invoices according to the format and time frames established by the CMS Branch.

1. Expend funds according to approved budgets.

2. Develop budget revisions as necessary.

3. Prepare and submit quarterly invoices to the State no later than 60 days after the end of each quarter. Track timeliness of, and invoiced payments for CCS services.

4. Prepare and submit expenditure reports reallocating or requesting additional funds as appropriate and as requested by the CMS Branch.

5. Use all equipment purchased with designated State program funds for the specified program purposes only.

6. Complete and retain daily time studies a minimum of one month each quarter according to State provided guidelines.

7. Maintain an audit trail for all expenditures for three years after the current fiscal year unless an audit has been announced or is in process.

C. Assure a competent public health workforce for CMS (CHDP, HCPCFC, and CCS programs).

1. Recruit, orient, supervise, provide ongoing training, and evaluate personnel responsible for implementing the Plan/Program.

2. Assure sufficient adequately trained staff for performing the required activities in accordance with CMS standards.

3. Develop and review with personnel their duty statements and their performance of allowable enhanced/nonenhanced functions pertinent to their classification.

4. Provide comprehensive orientation and updates that should include information on all three programs.

5. Provide annual update to all CMS staff on the Plan and its progress.

D. Develop and obtain signed Intra/Interagency Agreements (IAA) and Memoranda of Understanding (MOU) with agencies/organizations serving California's children.

E. Develop, implement, and monitor working relationships with Medi-Cal Managed Care Plans and between Health Families and the CCS program. Reflect these working relationships in an MOU between local CHDP and CCS Programs and Managed Care Plan(s). Reflect the scope and responsibilities of both parties in the MOU, including but not limited to outreach, provider training, referral tracking and follow-up, health education, data management, and quality assurance and problem resolution.

F. Develop an IAA between the Department of Social Services (DSS), including the Juvenile Probation Department, according to the model IAA provided by the CMS Branch.

G. Develop an MOU, for implementing responsibilities in the HCPCFC program, among the local CHDP Program, local Child Welfare Agency of the County Department of Social Services, and the Juvenile Probation Department according to the outline provided by the CMS Branch.

   Develop and maintain an IAA between:

   1. CMS and the local Head Start program

   2. The MTP and the Local Educational Agency (LEA)

   3. CMS and the Early Start program.

H. Discuss with other departments, agencies, and organizations ways and means to inform and empower families about obtaining and utilizing quality health care services.

   1. Make available current, comprehensive listings and resources of agencies and organizations providing services to children related to CHDP and Prevention Services, Foster Care, and/or CCS. Listing

would include official and voluntary agencies, serving health, social, and related issues to assist families in understanding services available and how to obtain them.

2. Develop and maintain a collaborative working relationship among health department programs serving children, e.g., Lead; Maternal and Child Health; Black Infant Health; Public Health Nursing; Comprehensive Perinatal Services; Immunizations; Women, Infants, Children (WIC), Children and Families Commission. Prepare a written agreement with WIC and other programs, as needed.

3. Maintain a liaison with public and private schools and Head Start/State Preschools to ensure:

    a. Dissemination of CMS information

    b. Participation in CMS services among eligible children.

    c. Coordinate of applicable health care and related services to support school readiness.

    d. Provide in-services for school personnel on CHDP standards and services according to the provisions in the California Health and Safety Code, 124025-124110 and the applicable sections in the California Code of Regulations, Title 17.

    e. Ensure implementation of School Reporting requirements.

        1) Review the local school compliance statistics. Develop specific activities to increase the compliance rate of any school falling below the statewide average.

        2) Analyze the proportion of waivers and certificates for complete health examinations. Identify causative factors for the schools with a high incidence of waivers and develop strategies to increase the number of complete health examinations among school entrants when the factors are not based on personal/religious beliefs.

    f. Provide lists of CHDP providers biannually to Head Start/State Preschool programs.

    g. Inform school personnel about the CCS Program. Provide an overview of eligibility requirements.

I. Develop and maintain a collaborative relationship with the Medi-Cal Program: Field Offices, In-Home Operations, and Medi-Cal Managed Care Plans.

J. Develop and maintain collaborative relationships with the regional Hearing Coordination Center to facilitate the process of newborn referral and testing for hearing loss; and the diagnostic testing and follow-up care for infants identified with suspected hearing loss through the Newborn Hearing Screening Program (NHSP).

K. Establish a process in counties/cities for CMS programs to participate in the MCH Title V planning process.

II. Resource Development – Provider Relations, Recruitment, Maintenance, and Quality Assurance

A. Recruit, orient, and maintain a collaborative relationship with CMS providers serving all eligible children.

1. Facilitate CMS provider application process.

2. Train/orient all CMS providers to program responsibilities.

3. Provide on-going information, assistance, resources, and support necessary to ensure quality program implementation including, but not limited, to Provider Notices sent by CMS Branch and returning Records and Distribution to the CMS Branch.

B. Develop and implement a quality assurance plan to ensure CMS children receive quality care.

1. Conduct periodic formal and informal review of CMS providers' compliance with program standards.

2. Support providers in development and implementation of corrective action plans when indicated.

III. Case Coordination/Case Management, Tracking, and Quality Improvement in Personal Public Health Services

A. Implement care coordination/case management to assure children known to CMS programs uses available services.

1. Receive or initiate referrals among:

a. CHDP

b. CCS

c. HCPCFC/Child Welfare Services (CWS)

d. Outside agencies/individuals

e. Managed care plans

f. Health care providers

2. Inform the family about health care/services in their community and how to access these services.

3. Determine eligibility and link all eligible members of a household to services by inquiring of each child's health status and need for health care services.

4. Facilitate all necessary services within program standards and guidelines.

5. Document and report the results of care coordination/case management in accordance with program standards and guidelines.

B. Implement and maintain a data/file tracking system(s) to assure data retrieval and recovery in accordance with program standards and guidelines including but not limited to:

1. Referrals

2. Health status

3. Care coordination/case management activities

4. Services utilization

5. Informing activities

6. Documentation

7. Reports

C. Design, develop, implement, and maintain a quality improvement system to assure CMS programs assist children receive quality medical, dental, and support services across all provider settings.

1. Develop measures to gauge quality of care coordination/case management including:

    a. Timely services delivery

    b. Completeness and accuracy of documentation

    c. Effective interdisciplinary/interagency collaboration

    d. Culturally and linguistically competent care

    e. Family centered care

    f. Service delivery outcomes

    g. Access to a medical home

IV. Outreach and Education

A. Employ a multifaceted approach working with community agencies; informal networks; residents; health, education, human service, and legal systems; providers; and policy makers to: increase value and understanding of, access to, and participation in; primary and specialty health services in accordance with CMS standards, for all children, including children with special health care needs (CSHCN), across the continuum of care.

    1. Address those population groups known to have low utilization or high incidence patterns of conditions that are of local concern.

    2. Determine ways and means to inform and encourage families about obtaining and utilizing quality health care services.

    3. Establish contacts and inform the community where CMS services are not known, understood, and/or not utilized.

    4. Review, coordinate distribution, and promote the utilization of health education and CMS program materials.

    5. Design, arrange, and/or conduct educational programs regarding health care needs of children.

Accountability is determined in three (3) ways:

1. by having budget and expenditure figures;

2. by measuring the progress towards successful implementation and achievement of individual performance measures; and ultimately,

3. by having a positive impact on the desired outcomes of the program. These outcome measures are the CMS goals. If program activities are effective and successful, the CMS goals/outcomes will be accomplished.

While improvement in outcome measures is the aim long term, more immediate success may be demonstrated through performance measures that are shorter term, incremental, intermediate, and/or precursors for the outcome measures.

To that end, the CMS Branch is introducing the use of performance measures to track the success of the programs over time. **The first year is baseline.** Subsequent data will be reported annually for each performance measure.

The following performance measures have been selected by the statewide workgroup to represent the focus of CMS programs over the next several years.

Performance Measure #1

The degree to which local CHDP, HCPCFC, and CCS programs maintain collaborative relationships internally and externally.

Definition: This measure is to be scored using a scale from 0-3 and based on six characteristics of a collaborative relationship. Please indicate the score based on the level of implementation.

Numerator: The total score of the six characteristics

Denominator: 18

Data Sources/Issues: County programs

Reporting Form: See page 49.

Reporting Form for Performance Measure #1

Six Characteristics Documenting Collaborative Relationships with other departments, agencies and organizations.

0 ☐ 1 ☐ 2 ☐ 3 ☐	1. Memoranda of Understanding are signed between the local CMS programs and the Department of Social Services, Probation Office, WIC program, Medi-Cal managed care plans and Healthy Families health plans.
0 ☐ 1 ☐ 2 ☐ 3 ☐	2. Local programs meet at least quarterly with Medi-Cal managed care plans, Healthy Families health plans and other agencies and/or departments.
0 ☐ 1 ☐ 2 ☐ 3 ☐	3. A problem resolution process is documented and implemented.
0 ☐ 1 ☐ 2 ☐ 3 ☐	4. A liaison has been designated to be the point of contact for health plans, agencies and other departments.
0 ☐ 1 ☐ 2 ☐ 3 ☐	5. Management level staff meets at least annually to identify policy issues and discuss overall program satisfaction.
0 ☐ 1 ☐ 2 ☐ 3 ☐	6. Collaborative activities have resulted in positive outcomes.

0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

Total the numbers in the boxes (possible 0-18) and enter the number as a total score for this performance measure.

Performance Measure #2

The percent of children entering 1st grade in public and private school by school district reporting a "Report of Health Examination for School Entry" with a certificate or waiver.

Definition: The percent of children entering 1st grade with a health exam certificate, waiver or neither.

Numerator: The total number of children entering 1st grade with a certificate, waiver, or neither.

Denominator: The total number of children enrolled in 1st grade in public and private school.

Data Sources/Issues: PM 272 School Report

Reporting Form: PM 272 CHDP Annual School Report

Performance Measure #3

The percentage of CHDP providers with evidence of quality improvement monitoring by the local CHDP program through:

A. an orientation and/or training

B. an office visit which includes a chart review and a facility review

C. a desktop review (defined by selected review of PM 160s by provider and/or other quality improvement documentation e.g. consumer complaints, parent satisfaction surveys, managed care plan reports)

Definition: The percentage of CHDP providers for whom local program staff has done:

A. an orientation and/or training or

B. site visit or

C. a desktop review.

Numerator:

A. The number of provider sites for whom orientations and/or training's done or

B. The number of provider sites for whom site and/or office visits done or

C. The number of provider sites for whom desktop reviews done

Denominator: The number of active provider sites in the county.

Data Sources/Issues: Will require a county tracking system

Reporting Form: Will require the local program to develop a county tracking system.

Performance Measure #4

The degree to which the CMS program demonstrates family participation.

Definition: This measure is to be scored using a scale from 0-3 and based on six characteristics that document family participation in the CCS program. Please indicate the score based on the level of implementation.

Numerator: Total score of six characteristics

Denominator: 18

Data Sources/Issues: Local CCS program

Reporting Form: See page 53

Reporting Form for Performance Measure #4

Six Characteristics Documenting Family Participation in the CCS Program.

0 ☐	1 ☐	2 ☐	☐	1. Family members participate on advisory committees or task forces and are offered training, mentoring, and reimbursement, when appropriate.
0 ☐	1 ☐	2 ☐	3 ☐	2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.
0 ☐	1 ☐	2 ☐	3 ☐	3. Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program by participating in such things as surveys, group discussions, or individual consultation.
0 ☐	1 ☐	2 ☐	3 ☐	4. Family members are involved in in-service training of CCS staff training of CCS staff and providers.
0 ☐	1 ☐	2 ☐	3 ☐	5. Family members are hired as paid staff or consultants to the CCS program (a family member is hired for their expertise as a family member.
0 ☐	1 ☐	2 ☐	3 ☐	6. Family members of diverse cultures are involved in all of the above activities.

0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

Total the numbers in the boxes (possible 0-18) and enter the number as a total score for this performance measure.

Performance Measure #5

The degree to which local CHDP, HCPCFC and CCS programs provide effective case management to eligible children.

Definition: This measure is to be scored using a scale from 0-3 and based on six characteristics that demonstrate effective case management in CMS programs. Please indicate the score based on the level of implementation.

Numerator: Total score of seven characteristics.

Denominator: 21

Data Sources/Issues: Will require local tracking mechanisms for each characteristic.

Reporting Form: See page 55.

Reporting Form for Performance Measure #5

Characteristics that demonstrate that the CHDP, HCPCFC, and CCS programs provide effective case management to eligible children.

0 ☐ 1 ☐ 2 ☐ 3 ☐	1. Children enrolled in CCS have documented medical homes/primary care providers.
0 ☐ 1 ☐ 2 ☐ 3 ☐	2. Children in out-of-home placement have documented primary care provider.
0 ☐ 1 ☐ 2 ☐ 3 ☐	3. Children in out-of-home placement supervised by Child Welfare Services or Probation Department have a preventive health and dental exam within the past year documented in the Health and Education Passports.
0 ☐ 1 ☐ 2 ☐ 3 ☐	4. Children referred to CCS have their program eligibility determined within the prescribed guidelines per the CCS Administrative Procedures Manual published in July 2001.
0 ☐ 1 ☐ 2 ☐ 3 ☐	5. Children enrolled in CCS whose conditions require CCS Special Care Center services are seen at least annually at appropriate Special Care Centers.
0 ☐ 1 ☐ 2 ☐ 3 ☐	6. Fee-for-Service Medi-Cal eligible children whose CHDP screening exams reveal a condition requiring follow-up care (coded 4 or 5 on the PM 160) receive follow up care.
0 ☐ 1 ☐ 2 ☐ 3 ☐	7. Non-Medi-Cal eligible children whose CHDP screening exams reveal a condition requiring follow up care (coded 4 or 5 on the PM 160) receive follow up care.

0 = Not Met 1 = Partially Met 2 = Mostly Met 3 = Completely Met

Total the numbers in the boxes (possible 0-21) and enter the number as a total score for this performance measure.

Optional Performance Measure

Clinical preventive services for CHDP eligible children and youth are expected in accordance with the CMS/CHDP Health Assessment Guidelines. The delivery of those services is documented on the Confidential Screening/Billing Report (PM 160). Examples of evidence-based performance of these services includes:

- Number and percent of children 2-years old fully immunized
- Number and percent of children 1 to 2 years old given a blood lead test referral
- Number and percent of children 1 to 2 years old receiving a blood lead test
- Number and percent of age appropriate children given a WIC referral
- Number and percent of age appropriate children screened for asthma
- Number and percent of age appropriate children given a dental referral

Examples of other optional performance measures:

- Number and percent of obese children
- Number and percent of children in out-of-home placement receiving a physical or dental exam within 30 days of placement
- Number and percent of children in out-of-home placement receiving annual medical and dental exams

This performance measure allows county programs to identify and track services that are focused on areas that are of particular concern to them.

Performance Measure #6 (Optional)

The degree to which the health needs of children and youth are being detected and addressed through clinical preventive services in the CHDP program.

Definition: To be defined by the local program based on their needs and priorities.

Numerator: TBD

Denominator TBD

Data Sources/Issues: County tracking system

Directions for Completion

A. CHDP, HCPCFC and CCS programs under joint administrations should submit joint performance measures when reporting to the State CMS Branch.

B. CHDP, HCPCFC and CCS programs under separate administrations should collaborate to ensure coordination of services and resources for California's children and **cooperatively submit one package** when reporting performance measures to the State CMS Branch.

C. Performance measures should be reported in the appropriate reporting format, except for those performance measures that specifically require a county tracking system. Counties may report in a format of their choosing.

D. Data collection for these performance measures will begin with fiscal year 2002-2003. Therefore, reporting on these performance measures will not be due until November 30, 2003.

Performance Measure Profile

Performance Measure	FY 2002-03	FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07
#1					
#2					
#3					
#4					
#5					
#6 (Optional)					